

PLACE OF BIRTH
County of Gila
City of San Carlos
District of Rice

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
County Registrar No. _____
Local Registrar No. _____

Full name of child Diana Swift
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 5/14/1929
Month Day Year

FATHER
Full name Thomas Swift

Residence (Usual place of abode) Rice
If non-resident, give place and state.

Color or race

Apache Ind.

11. Age at last birthday 42 (Years)

Birthplace (city or place)

(State or country)

Arizona

Occupation

Nature of industry

Laborer

MOTHER

Full maiden name Cora

15 Residence (Usual place of abode) Rice

If non-resident, give place and state.

16 Color or race 4/4

Apache Ind.

17. Age at last birthday 37 (Years)

18. Birthplace (city or place)

(State or country)

Arizona

19. Occupation

Nature of industry

Housewife

Number of children of this mother _____
known as of time of birth of child herein
identified and including this child.)

(a) Born alive and now living 2
(b) Born alive but now dead 9
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 a. m. on the date above stated.
(Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

Address _____

Rice, Arizona
(Physician or midwife)

When name added from supplemental report.

Month, day, year

Filed _____

19 _____

Local Registrar.

Registrar

Filed _____

19 _____

County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

V. S. No. 2

423-514-300